

Chemical Terrorism Blood Specimen Collection and Shipping Manifest

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LA DHH-OPH CENTRAL LABORATORY CHEMICAL TERRORISM BLOOD SPECIMEN COLLECTION AND SHIPPING MANIFEST		
DATE SHIPPED: _____		
SHIPPED BY: _____		
CONTACT TELEPHONE: _____		
SIGNATURE: _____		
DATE RECEIVED _____		
RECEIVED BY: _____		
SIGNATURE: _____		
TOTAL NUMBER OF SPECIMENS IN THIS CONTAINER:	PURPLE -TOP TUBES:	
	GREEN/GRAY-TOP TUBES:	
TOTAL NUMBER OF BLANK TUBES PROVIDED IN THIS CONTAINER:	PURPLE-TOP TUBES:	
	GREEN/GRAY-TOP TUBES:	
COMMENTS: _____		

SHIPPING ADDRESS: LA DHH-OPH CENTRAL LABORATORY
ATTN: CHEMICAL TERRORISM UNIT
3101 W. NAPOLEON AVE
METAIRIE, LA 70001
PHONE: 504-458-9537
FAX: 504-219-4670

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LA DHH-OPH CENTRAL LABORATORY CHEMICAL TERRORISM BLOOD SPECIMEN COLLECTION AND SHIPPING MANIFEST					
PLACE A \sqrt IN EACH BOX FOR SAMPLES SHIPPED-PLACE AN X IN EACH BOX FOR SAMPLES NOT SHIPPED					
PLEASE INDICATE THE SIZE TUBE COLLECTED (e.g. 4 mL) IN THE COMMENTS					
PT = PURPLE-TOP GT= GREEN/GRAY-TOP					
Patient/Victim ID Label	PT 1	PT 2	PT 3	GT	Comments:
					_____ _____ _____
					_____ _____ _____
					_____ _____ _____
					_____ _____ _____
					_____ _____ _____

Note: Please include 2 empty purple-top tubes and 2 empty green/gray-top tubes from each lot number collected for background contamination measurement.

Packed by(print):	Signature:
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